

| CLAIMS ONLY | | | | | | Application Number 10770296 | Filing Date | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------------------------------|---|--------|
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | May be used for additional claims or amendments | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 2 | 1 | | | | | | | |
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| Total Indep | | | | | | | | |
| Total Depend | | | | | | | | |
| Total Claims | | | | | | | | |

BEST AVAILABLE COPY